

AMENDED IN ASSEMBLY MAY 10, 2011

AMENDED IN ASSEMBLY APRIL 7, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1327

Introduced by Assembly Member Portantino

February 18, 2011

An act to add Section 14087.309 to the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1327, as amended, Portantino. Medi-Cal services.

Existing law establishes the Medi-Cal program to provide qualifying individuals with health care services. Under existing law, the director of the State Department of Health Care Services is authorized to contract with any qualified individual, organization, or entity to provide services to Medi-Cal beneficiaries.

This bill would require the State Department of Health Care Services, *as a pilot project that is to remain operative for 3 years*, to determine *and provide reimbursement at a per capita payment rate to a Medi-Cal primary care case management plan or a successor plan, as specified*, for services provided to Medi-Cal beneficiaries with HIV or AIDS ~~and would specify its calculation method.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 14087.309 is added to the Welfare and Institutions Code, to read:

14087.309. (a) The department shall, *as a pilot project*, determine a per capita rate of payment to a ~~managed care plan for services provided to Medi-Cal beneficiaries with HIV or AIDS.~~ In developing the rate, the department shall use *Medi-Cal primary care case management (PCCM) plan or a successor health care plan that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) for services provided to Medi-Cal beneficiaries with HIV or AIDS who are enrolled pursuant to subdivision (j) of Section 14182 and reimburse the plan based upon this rate. The rate shall be an average of medical treatment costs for the Medi-Cal beneficiary population with HIV and the Medi-Cal beneficiary population with AIDS. In developing the per capita rate, the department shall do both of the following:*

(1) *Use all of the coding elements of the definition of AIDS issued by the United States Centers for Disease Prevention and Control and by the National Drug Code for antiretroviral medications. The rate shall be an average of medical treatment costs for the Medi-Cal beneficiary population with HIV and the Medi-Cal beneficiary population with AIDS. A managed care plan shall be reimbursed at this rate for a Medi-Cal beneficiary with HIV or AIDS.*

(2) *Develop the rate in accordance with rate-setting guidelines established by the Centers for Medicare and Medicaid Services.*

(b) *The department shall operate the pilot project for a three-year period. At the end of this period, the department shall evaluate the feasibility of developing the rate specified in subdivision (a) and provide a comparison to the rate that would have otherwise been paid.*

(c) *Nothing in this section shall be construed to authorize the release of confidential health records or the results of an HIV test not otherwise authorized for release by law.*